LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

Dana E. Blackwell
Executive Director

APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **March 6, 2006**, in room 739 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)
Carol O. Biondi
Patricia Curry
Hon. Joyce Fahey
Ann E. Franzen
Susan F. Friedman
Helen A. Kleinberg
Daisy Ma
Rev. Cecil L. Murray
Wendy L. Ramallo
Adelina Sorkin
Dr. Harriette F. Williams

COMMISSIONERS ABSENT (Excused/Unexcused)
Dr. La-Doris McClaney
Sandra Rudnick
Stacey F. Winkler

YOUTH REPRESENTATIVES
Jason Anderson
William Johnson

APPROVAL OF THE AGENDA
The agenda for the March 6, 2006, meeting was unanimously approved.

APPROVAL OF MINUTES
The minutes of the February 6, 2006, general meeting were unanimously approved.

CHAIR'S REPORT
Chair Kleinberg welcomed members of the Mental Health Commission to this joint meeting, including that commission's chair, Barry Perrou, who expressed his appreciation for the invitation. Especially with the infusion of new monies through the Mental Health Services Act (MHSA), that commission looks forward to working with DCFS, the Children's Commission, and the MHSA's transition-age youth committee to make sure that children are safe and families stabilized, with their mental health needs met. Members of the Mental Health Commission in attendance included Lana Brody, Jessica Gama, Jerry Lubin, Father Gary Kinzer, Ilean Rabens, and Jocelyn Geaga - Rosenthal.

- The Commission's new website is live at http://www.lachildrenscommission.org. Commissioners whose bios do not appear on the site were encouraged to get them to the office; staff is awaiting training on how to keep the site current, and training is planned within the next couple of weeks. Chair Kleinberg thanked Dana Blackwell for her work on the site and also expressed appreciation to Commissioner Williams for having spearheaded the effort during her tenure as chair.

- Discussions have taken place with the department about the Commission's playing a substantial role in ongoing planning for MHSA funds. A list of work groups is available, and Commissioners were asked to let Ms. Blackwell know if they wish to participate. The department has promised to summarize what has taken place with each group and forward that background to the Commission office.

- Commissioner Franzen will report on the activities of the Faith-Based Committee at an upcoming Commission meeting.

- Chair Kleinberg extended congratulations to Commissioner Biondi for her appointment by the governor to the Corrections Standards Authority (formerly the California Board of Corrections), which oversees detention facilities for both adult and juvenile throughout the state.

- The Commission has been invited to participate in a "Connecting with Kinship Families" conference scheduled for March 31 at USC's Davidson Conference Center.

- Children's Institute, Inc., is holding its national conference, "In Harm's Way 2006," on May 4.

- The yearly economic interest survey is due from each Commissioner by March 20; if any Commissioner wishes to duplicate the information from a previous survey, please notify Elizabeth Hinton.

- On behalf of the Commission, Chair Kleinberg presented a plaque to Commissioner Ma in appreciation of her recent service as vice chair.

CONSTITUENT INQUIRY

Elizabeth Hinton distributed the quarterly constituent inquiry report and explained the collaborative process established between the Commission and the department to assist clients with complaints in a professional and timely manner. When a client calls the Commission office, Ms. Hinton determines whether or not Board liaison Helen Berberian should be notified and a constituent inquiry completed. (Some questions can be resolved by providing a telephone number or other simple information; if child abuse is being reported, callers are referred to the child abuse hotline. Should clients not wish to deal with the department directly, their complaints are referred to the ombudsman.) Ms. Hinton verifies all information with the client and e-mails the inquiry to Ms. Berberian.

Ms. Berberian and her staff of two administrators and two support people handle complaints made either through the Commission or through the Board of Supervisors—between 50 and 75 per month. When she receives a constituent inquiry from the Commission, she confirms receipt, instructs her staff on immediate strategies to resolve the issue, and assigns the inquiry to a regional administrator to resolve through a focused interview with the client. The Commission office is updated every two weeks on the status of all inquiries in language that respects client confidentiality beyond whatever was shared with the Commission office in the original call.

If a regional administrator considers the issue resolved but the client disagrees, the inquiry is referred to the deputy director level for an in-depth administrative review that focuses both on the complaint itself and on the regional administrator's response. This can take up to two months, and updates are again made to the Commission every two weeks. Ms. Berberian estimated that between 85 and 90 percent of issues are resolved by the deputy director, but if the client remains unsatisfied, a third level of review is available from the ombudsman in the executive office of DCFS, usually through a roundtable meeting with County Counsel, the deputy director, and departmental experts. These meetings focus on the complaint itself, its handling by the regional administrator and the deputy director, and any systemic barriers exacerbating the issue (which are forwarded to the director). If the ombudsman upholds the previous reviews, the client is referred to the state foster care ombudsman.

Vice Chair Sorkin recalled a case in which a father had filed a constituent inquiry contending that he had not been notified that his child was about to be adopted. When deadlines are involved, she asked, have decisions been reversed because of departmental mistakes or policy violations? Ms. Berberian said that if the regional administrator or deputy director determines that a case was mishandled, she presumes that proceedings would be corrected. She will research any changes made within the department over the last two years, in response to recommendations from the adoptions work group, regarding contacting the nonoffending parent when a child's case is moving through the court system.

Commissioner Ma asked about response time, and Ms. Hinton explained that although the department has 48 hours to acknowledge a constituent inquiry, she usually hears back from Ms. Berberian's office within 24 hours. In the event of a computer crash, Commis-

sioner Ma asked, is there a plan B? Ms. Hinton said that clients are told that if they don't hear from the department within 48 hours, they should call the Commission back. Though this has never happened, that would alert Ms. Hinton to fax or phone the department with the lost inquiry.

In answer to another query from Commissioner Ma, Ms. Berberian said that if a client lodges a complaint with both the Commission and the Board of Supervisors, her office communicates with each entity to keep them apprised of the inquiry's status.

DCFS/DMH JOINT MENTAL HEALTH PLAN

Sandra Thomas from the Department of Mental Health presented an overview of the joint plan between DMH and DCFS for countywide enhanced specialized mental health services for dependent children and youth, called for as part of the Katie A. lawsuit settlement. The plan was presented in December to the executive committee of the Mental Health Commission, and departmental representatives met with its executive staff. The broad goals of the joint plan are to improve the coordination of services; better identify need and improve access; expand specialized and intensive in-home services; reduce reliance on out-of-home care, timelines to permanency, and placement disruptions; and improve the day-to-day functioning of dependent children and youth.

Ms. Thomas reviewed the February 2006 status report on the plan's progress, stating that 30 percent of the DMH staff to be co-located in DCFS regional offices have been identified. Their paperwork is being expedited as part of the 'green team' concept originated by the Chief Administrative Office. All DMH staff on the regional office D rate teams are in place—the D rate unit serves a total of about 3,000 children, with about a third in congregate care and some in the probation system—and SPA 6 has rolled out the multidisciplinary assessment team (MAT) process, completing 159 assessments with 65 pending. Beginning in April, a second MAT team will be active in SPA 6, as well as one in SPA 7. Dr. Charles Sophy, medical director of DCFS, said that the ability to perform forensic examinations, medical assessments, and mental health screenings is being phased in gradually at DCFS's medical hubs. The electronic tracking of DCFS children receiving mental health services is now possible, and data should be available next month.

Five providers in SPA 1 and seven in SPA 7 have been selected to offer basic mental health services, and statements of qualifications to provide intensive in-home services are being accepted now. Eighty multidimensional treatment foster care beds and multisystemic therapy placements are being developed for DCFS children at risk for involvement in the juvenile justice system. The remaining 320 children requiring intensive in-home services will be treated with a combination of evidence-based practices and intensive case management. The California Institute for Mental Health is helping in development and cross-training, and in monitoring fidelity to the various treatment models.

Though she was glad to see progress being made on a comprehensive plan, Commissioner Biondi was troubled that it has taken more than three years since the closure of MacLaren Children's Center to get to this point, and upset that the joint plan still does not address the needs of children in the probation system. How can the county exclude a

whole category—hundreds, perhaps thousands of youth needing services—from the settlement of this lawsuit? When MacLaren closed, she warned that if resources were not developed immediately for MacLaren children and those at risk of being placed there, those youth would end up in jail . . . and that is precisely where many of them are today. She talked to one youth at Camp Gonzales, for example—in foster care from birth, moved to camp from a probation group home—he needs psychotropic medication but was told that he would have to wait two weeks for an appointment.

Susan Kerr acknowledged what she termed an uncomfortable reality: with the unprecedented increase in capacity spurred by new MHSA funds, the county is struggling to find adequate resources both for MHSA efforts and for this joint plan. Because plans to offer services were rolled out before any workforce development piece was put in place, providers are having difficulty hiring enough staff even for existing contracts. The county is working with local schools, but that will take time. With reference to this joint plan, however, DMH was told to focus on DCFS children because the Katie A. lawsuit dealt with the MacLaren population. A coordinated approach for all youth in the care of the county will be phased in, recognizing existing resource issues. In the meantime, she offered to expedite an appointment for the youth Commissioner Biondi referred to.

The Probation Department attends the weekly meetings surrounding this joint plan, Ms. Thomas said, and Dr. Sophy added that, although each juvenile hall has its own infirmary, plans are in the works for Probation to identify children needing assessments at the DCFS medical hubs. Another level of the joint plan, he said, will be to work on primary prevention with the support of other departments (Health Services, Public Social Services, etc.), to identify children in need of mental health intervention to prevent them entering the system in the first place.

Mental Health Commissioner Jocelyn Geaga-Rosenthal urged a deep culture change within DMH and DCFS, referencing an ‘eco-system’ graphic showing the child at the center of a series of concentric circles moving through the child’s immediate and extended family to others who encounter the child regularly (teachers, clergy, medical personnel), all the way to county support. How are family members invited to case planning meetings? How are the family’s strengths discovered, rather than its deficits? She sees the information-gathering detailed in the plan as being very professionally driven and unlikely to involve key informants in a meaningful way. Michael Rauso explained the team decision-making process that occurs whenever a placement shift is being considered, and said that strong parental and extended-family TDM attendance indicates that DCFS is engaging the child’s eco-system effectively. (Ms. Thomas added that as evidence-based models are implemented, staff will be trained in other approaches that are proven effective.) Nevertheless, Ms. Geaga-Rosenthal sees the county as being in the driver’s seat; until it is willing to hand over power to families, it cannot engage them in a partnership. In 99 percent of cases where the family is able to devise a plan that the social worker can accept, the judge accepts that plan, she said, so why isn’t that being used? She perceives a bias in Team Decision-Making, and has not so far seen the county use a process that has turned over power to families.

Father Gary Kinzer commented on the large amount of paperwork needed to accomplish the various strategies of the joint plan, then asked why SPAs 1, 6, and 7 were chosen for the initial rollout of various elements. Ms. Kerr said that the decision was based on a needs assessment, with these areas yielding the greatest number of underserved and unserved children per caseload; Jerry Lubin added that a stakeholder review had agreed to begin the phased approach with these areas. Phase two will start in June or July.

Though the plan makes only a brief mention of substance abuse, Ms. Kerr said, that was a major consensus area for stakeholders, and is a common thread through everything that's being done. So far, resources for that continue to be available.

Commissioner Ramallo returned to the issue of Probation youth, some of whom languish for months or years in juvenile hall with their cases awaiting adjudication. Half the children in the halls have either a history with DCFS or an open case there, and any plan created as part of the Katie A. settlement must address their needs. One 15-year-old—with 17 DCFS placements and no permanency plan—sat in juvenile hall for over a year with no mental health services, so abused and detached from reality that the mandatory classes on taking responsibility for one's actions were useless. She remained a DCFS client until she was removed to the California Youth Authority. Where is the plan, Commissioner Ramallo inquired, for identifying children at juvenile hall?

Ms. Kerr said that the departments will be revising the joint plan as it goes countywide, and will address that issue; the plan for phase two will be brought before both commissions. The original focus was working with DCFS children, and if Probation youth are also affected, those managing the plan must become more knowledgeable.

Children can transition between the two systems instantly, Chair Kleinberg said, and if they are receiving services, those should not cease because the child has moved into Probation. A lot of time and effort was spent by the Commission on the children at MacLaren Children's Center, and Commissioners were assured at numerous points that services would exist for them once that facility was shut. Promises were made and money was set aside, yet the children have gotten nothing. When Camarillo State Hospital was closed, Commissioner Curry said, children were sent to Metropolitan State Hospital. When the number of beds there was reduced, children were sent to MacLaren. When MacLaren closed, everyone knew they would end up at juvenile hall because that was the only place left that would take them, aside from 40 beds at Harborview. Requests by the Commission were made to keep MacLaren open at least until services could be developed, but those were ultimately unsuccessful. She finds it distressing that every time the Katie A. settlement is raised, plans seem to concentrate on the younger children championed by the lawyers, rather than the 15- to 20-year-olds that were at MacLaren at its closure and those who continue to be at risk in the community as a result of mental health problems, co-occurring disorders, dual diagnoses with Regional Centers. Commissioner Curry pleaded for the joint plan to show more of an emphasis on 'Mac-type' youth, targeting them both by behavior and age range, and giving more detail on how

they can be served when they transition from DCFS to Probation. These are, after all, the children for whom the Katie A. lawsuit was originally filed.

With regard to the suit, plaintiffs have filed a motion about the inadequacy of the county's plan, presenting a comparison of what is being done and what they think should be done, asking the court to order the county to take further steps. The county is providing additional detail on what is being done, and Ms. Kerr hopes that will bring the two sides into closer alignment; she recognizes that some basic issues exist upon which there will likely not be agreement. The county's response was filed last Monday and a court date has been set for March 13.

Commissioner Curry urged another look at the $9 million a year from the MacLaren budget, to see how it might be used for 'Mac-type' kids, with Commissioner Biondi commenting that Probation doesn't get a nickel of those funds. It shouldn't matter what department the children are in, said Chair Kleinberg; that's what the lawsuit was about. She asked to see the county's response to the Katie A. motion, and the plan being suggested to address this invariably ignored population. Ms. Kerr repeated that the issue would be addressed in the next phase of the joint plan.

Now that DMH workers are co-located in the DCFS regional offices, Commissioner Curry urged them to start planning at least a year early for youths' transitions at age 18, ensuring that mental health and Regional Center services can continue. Workers do anticipate a child's aging out, Ms. Thomas said, and hold a TDM that brings in all required services. Commissioner Curry would like to see that be part of the joint plan as well, with specific strategies and updates. Ms. Thomas promised to outreach to Regional Centers with an eye to involving them in the joint weekly meetings.

Though she realizes that the current discussion does not involve MHSA funds, Commissioner Williams asked if there were not monies within that structure for Katie A.–type children. Phase one of the departments' joint plan went to the Board of Supervisors with no provisions for using MHSA funds, Ms. Kerr said, but phase two will include some synergies. Commissioner Williams asked for further information on three topics, which Ms. Kerr promised to provide to the Commission office:

- The role of systems navigation and the systems navigators was not clear.
- Very young children (three or four years old) are in congregate care; are they there because of mental health issues? Why are so many young children there?
- Because Regional Centers are nonprofit entities that are each independent of one another, it's difficult to speak of them as a unit. How specifically would DMH work with them? (Judge Nash's group is also looking at ways to involve Regional Centers, Chair Kleinberg noted.)

Commissioner Williams remembered a refusal by Regional Centers to complete referrals, and Dr. Sophy said that a lawsuit around that issue is currently pending.

Chair Kleinberg raised the issue of children and families receiving inadequate or incorrect mental health services, and no one assessing service outcomes. Though a TDM may evaluate treatment at a placement choice-point, her concern is more about asking adults involved with the child on a daily basis, rather than a social worker who visits monthly and who may not understand the mental health system, if the child is getting better. How can staff be sure the right services are being provided to reach the child's treatment goals? In the D rate unit, Dr. Sophy said, the value of a child's treatment is assessed every six months, and systems navigators can recommend changes to improve outcomes. The initial MAT teams, said Ms. Thomas, inspect the child's education, medical, mental health, and other records; for children already in the system, DMH participates in the TDM process, and the systems navigator is responsible for getting information from the treating agency to the TDM table. In addition, Ms. Thomas said that the upgraded information system will allow providers to input baseline information on key domains for each child that will be updated regularly.

Mental Health Commissioner Ilean Rabens urged everyone to give the joint plan a chance, reminding attendees that MHSA's early intervention efforts have not yet been planned, and they may address some of the concerns expressed today. She praised the two departments and the two commissions for their collaborative work, saying a year's time should show some major progress. Ms. Kerr acknowledged the frustrations aired, and promised that a difference would be made. Mr. Lubin encouraged the Mental Health Commission to organize itself to spend more time on this effort, and Ms. Kerr announced a series of budget meetings coming up. She applauded everyone who worked to arrange today's joint meeting, and emphasized the importance of getting staff and commissioners involved in the subgroups that are making decisions about MHSA funds, which DMH hopes to use to change its way of doing business.

Commissioner Williams recommended bringing the two commissions back together in six months to hear a progress report, and Ms. Rabens invited Children's Commissioners to attend Mental Health Commission meetings whenever they like. Chair Kleinberg suggested the joint approval of today's minutes, and agreed that another combined commission meeting would be useful. She also wants the Katie A. planning team to return in the interim, and would like to see the language of the joint plan softened from its structured and institutionalized stance to speak more directly to engaging families and looking at things from their point of view.

PUBLIC COMMENT

Sharon Hurada, the Probation Department's acting bureau chief for juvenile field services, said that her department had been participating continuously on the Katie A. plan. She praised the headway that had been made in some areas and acknowledged the work needed elsewhere, particularly with regard to services for MacLaren youth and probation youth previously in the child welfare system.

MEETING ADJOURNED